



United States Department of the Interior

BUREAU OF LAND MANAGEMENT
National Human Resources Management Center
Denver Federal Center, Building 50
Denver, Colorado 80225-0047

In Reply Refer To
1400-630 (HR-220)P

December 5, 2000

EMS TRANSMISSION: 12/05/00
Information Bulletin No. HR-2001-016

To: All BC, HR, NI, ST, WO Field and BIA Liaison Office Employees

From: Director, National Human Resources Management Center

Subject: Possible Use of Year-End Use or Lose Leave

Often at this time of year employees discover that despite their attempts to use up all their annual leave in excess of 240 hours (use or lose) before the new leave year begins, they will have annual leave that will be lost. This year the new leave year begins on January 14, 2001.

Instead of losing leave, you might want to consider putting it to good use by making a donation to an employee who has been approved as a participant in the Voluntary Leave Transfer Program. At the present time, we have three employees participating in this program. They are: Judith Bodenberger, an employee of the National Business Center, who is undergoing treatment for cancer; Michael Kostroski, National Business Center, who has been diagnosed with two severe medical conditions and Sandra Neff, National Business Center, who suffers from Pancreatitis disease.

Any employee wishing to donate annual leave may do so by completing the attached Optional Form 630-A and returning it to HR-220. Your generous leave donations are always appreciated. Any questions may be directed to Lenna Gerwing at (303) 236-6667.

Signed
Linda D. Sedbrook
Director, NHRMC

Authenticated
Suzanne Rebek
Secretary

1 Attachment
1-Request to Donate Annual Leave (1p)

Request to Donate annual Leave to Leave Recipient (*Within Agency*) Under the Leave Transfer Program

I request that annual leave be transferred to the leave account of an approved leave recipient. This recipient is not my immediate supervisor. As of the date indicated below, I have enough annual leave in my account to cover this amount. I understand that if I am projected to forfeit leave during this leave year, the amount of leave I am transferring may not exceed the number of hours remaining in the leave year for which I am scheduled to work. The amount of leave I am transferring also is not more than half the hours I will earn this year.

I understand that my decision to transfer leave is not revocable. If a sufficient balance of unused leave

remains after the recipient's medical emergency has terminated, I can elect to have a pro-rated share returned to me during either the current leave year, or I can elect to donate my pro-rated share to another leave recipient. However, to do so, I must remain employed by a Federal agency and be subject to chapter 63 of title 5 U.S.C., on the date the medical emergency terminates.

I have not been directly or indirectly intimidated, threatened or coerced, or promised any benefit by any employee for the purpose of donating or using leave.

Privacy Act Statement

This program is voluntary; however, solicitation of this information is authorized by P.L. 100-566 (October 31, 1988). The information furnished will be used to identify records properly associated with the leave donation. It may also be disclosed to a national, State, or local law enforcement agency where there is an indication of a violation or potential violation of civil or criminal law,

rule, or regulation; or to another agency or court when the Government is party to a suit. Executive Order 9397 (November 22, 1943) authorizes use of the Social Security Number (SSN). Furnishing the Social Security Number, as well as other data is voluntary, but failure to do so may delay or prevent action on the request to donate leave.

TO BE COMPLETED BY LEAVE DONOR

1. Name (*Last, First, Middle*)

2. Social Security Number

3. Employee Number

4. Position Title, Pay Plan, and Grade/Pay Level

5. Name of Organization (*Agency, Dept, Office, Div, Branch, etc.*)

6. Amount of Annual Leave as of End of Last Pay Period

7. Amount of Leave Projected to Forfeit this Year as of end of Last Pay Period

8. Amount of Annual Leave to be Transferred

9. Individual's Name or ID Number to Whom Leave is Being Donated.

10. Signature

Date Signed

REPRODUCE LOCALLY